



CITY OF SANTA CLARA TOURISM IMPROVEMENT DISTRICT BENEFIT ASSESSMENT

COMPANY _____

REPORTING PERIOD END DATE _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PART A:

1. Total occupied rooms for reporting period. _____

a) Month 1: # of rooms occupied/night _____

b) Month 2: # of rooms occupied/night _____

c) Month 3: # of rooms occupied/night _____

(Enter total for 3 months in No. 1 above)

2. Total Assessment Collected _____

\$ _____

(\$1.00/room/night for total shown in No. 1)

I declare under penalty of making a false statement that this information is true and correct to the best of my knowledge.

SIGNATURE _____

TITLE _____

DATE _____

PLEASE PRINT NAME _____

PHONE NO. _____

INSTRUCTIONS:

1. Complete PART A above.
2. Sign and return this form with payment to the City of Santa Clara Accounting Services
1500 Warburton Avenue
Santa Clara, CA 95050
PHONE: (408) 615-2367
3. Make check payable to:
CITY OF SANTA CLARA

4. TID Assessments shall be due and payable on or before the 10th business day of the month following the close of each reporting period.
5. Returns and payments are due immediately upon cessation of business for any reason.

6. If needed, make a copy for your records prior to submission to the Finance Department.